Purchase Money Verification [§11010.4]

RE 600B (Rev. 6/05)

GENERAL INFORMATION

The owner, subdivider, or agent of a standard residential subdivision may be exempt from the subdivision public report provisions if he/she has met the requirements of Section 11010.4 of the Business and Professions (B&P) Code. Section 11010.4(a) requires compliance with the purchase money protection law contained in Sections 11013.1, 11013.2 and 11013.4, as applicable.

A subdivider, owner, or agent may furnish a financial security to the State of California as an alternative to purchase money impound pursuant to B&P Code Sections 11013.2 and 11013.4.

If you choose the security alternative method of compliance, complete this form and submit a bond (RE 600A) along with an executed copy of this RE 600B.

✓ Submit RE 600B and the surety bond to:

Department of Real Estate

Subdivisions Office − South

320 W. 4th Street, Suite 350

Los Angeles, CA 90013-1105

SUBDIVISION INFORMATION				
1.	SUBDIVIDER'S NAME		BUSINESS TELEPHONE NUMBER	
	BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)			
	OUNTED ADDRESS (STREET ADDRESS, STIT, STATE, ZIP CODE)			
2.	SECURITY ISSUER'S NAME			
	SECURITY NUMBER	BUSINESS TELEPHONE NUMBER		
	BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE & ZIP CODE)			
	PRINCIPAL NAME (PRINCIPAL NAME MUST MATCH SUBDIVIDER NAME EXACTLY)			
3.	TRACT NAME AND/OR NUMBER	NAME AND/OR NUMBER		
	ADVERTISING NAME			
	CITY	COUNTY		
4.	ALL FUNDS IN EXCESS OF AMOUNT COVERED BY THE SUBMITTED SECURITY WILL BE IMPOUNDED UNDER THE FOLLOWING SECTION AT THE ADDRESS LISTED BELOW:			
	SECTION 11013.2(a)	SECTION 11013.4(a)		
	NAME OF ESCROW		BUSINESS TELEPHONE NUMBER	
	BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE) — NO POST OFFICE BOXES			
Certification				
	I hereby certify under penalty of perjury that the statements contained in this form, together with any documents submitted herewith are full, true, complete and correct; and that I am the subdivider or agent authorized by such person to complete this statement.			
statement.				
SIGNATURE OF PERSON COMPLETING FORM			DATE	
CA	CAPACITY OF SIGNER			
AD	DRESS		TELEPHONE NUMBER	
NA	NAME OF OWNER (INDICATE CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, ETC., IF APPROPRIATE.)			

Note: Verification made outside the State of California must be acknowledged by a notary public.